



STATE OF MISSOURI  
**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  
**INVITATION FOR BID**

**IFB NO.** HB1519

**TITLE:** Missouri Preschool Project

**ISSUE DATE:** April 2, 2003

**CONTACT PERSON:** Carol Rackers

**PHONE NUMBER:** 573-751-4463

**RETURN APPLICATION NO LATER THAN:** 3:00 p.m. on May 23, 2003

**RETURN APPLICATION TO:**

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
EARLY CHILDHOOD EDUCATION  
Jefferson Bldg., 7<sup>th</sup> Floor  
PO BOX 480  
JEFFERSON CITY, MO 65102-0480

**CONTRACT PERIOD:** Date of Award Renewal to June 30, 2004

**DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:**

Department of Elementary and Secondary Education  
Early Childhood Education  
205 Jefferson Street, P.O. Box 480  
Jefferson City, MO 65102

The contractor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Invitation for Bid. The contractor further agrees that the language of this IFB shall govern in the event of a conflict with his/her proposal. The contractor further agrees that upon receipt of an authorized purchase order from the DESE or when this IFB is countersigned by an authorized official of the State of Missouri, a binding contract shall exist between the contractor and the DESE.

**SIGNATURE REQUIRED**

AUTHORIZED SIGNATURE		DATE
PRINTED NAME		TITLE
COMPANY NAME		FEDERAL EMPLOYER ID NO.
MAILING ADDRESS		
CITY, STATE, ZIP		
VENDOR NO. (IF KNOWN)		
PHONE NO.	FAX NO.	E-MAIL ADDRESS

**NOTICE OF AWARD (STATE USE ONLY)**

ACCEPTED BY STATE OF MISSOURI AS FOLLOWS:	
TITLE Commissioner of Education	DATE
CONTRACT AMOUNT NOT TO EXCEED: \$ _____	



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
ATTN: EARLY CHILDHOOD EDUCATION P.O. BOX 480 JEFFERSON CITY, MO 65102-0480

**FY 04**

**MISSOURI PRESCHOOL PROJECT (MPP) INVITATION FOR BID (IFB)**

**FOR NEW AND EXPANDING PROGRAMS**

**DUE NO LATER THAN 3:00 P.M. ON MAY 23, 2003**

**SECTION I – PROJECT INFORMATION**

LEAD AGENCY		PLEASE CHECK ONE <input type="checkbox"/> Public School <input type="checkbox"/> Head Start <input type="checkbox"/> Private Preschool <input type="checkbox"/> Non-Profit	
SCHOOL DISTRICT COUNTY/DISTRICT CODE _____ - _____	COUNTY NAME	LEAD AGENCY EIN	
Please complete the mailing address for the authorized representative.			
AUTHORIZED REPRESENTATIVE		STREET ADDRESS	
CITY	STATE MO	ZIP	TELEPHONE NUMBER (   )
Please complete the mailing address for the project contact person (person responsible for program and receives correspondence).			
CONTACT PERSON		TITLE	
ORGANIZATION – ENTITY (i.e., YMCA, SCHOOL DISTRICT)		STREET ADDRESS	
CITY	STATE MO	ZIP	TELEPHONE NUMBER (   )
EMAIL ADDRESS			FAX NUMBER (   )
TOTAL FUNDS REQUESTED  Start-Up       \$ _____ Operational    \$ _____ Total            \$ _____		FUNDING CATEGORY (check one)  <input type="checkbox"/> A <input type="checkbox"/> B  <input type="checkbox"/> C <input type="checkbox"/> D	CHILDREN WHO WILL BE NEW DUE TO MPP FUNDS (Check one)  <input type="checkbox"/> 10 OR 20 CHILDREN <input type="checkbox"/> 40 CHILDREN FULL DAY/HALF DAY       FULL DAY/HALF DAY  <input type="checkbox"/> 30 CHILDREN <input type="checkbox"/> 60 CHILDREN FULL DAY/HALF DAY       FULL DAY/HALF DAY
<b>SITE 1</b>  <input type="checkbox"/> NEW PROPOSED LICENSE CAPACITY _____  <input type="checkbox"/> EXPANSION PROPOSED LICENSE CAPACITY _____ CURRENT LICENSE CAPACITY _____ CURRENT ENROLLMENT _____		<b>SITE 2</b>  <input type="checkbox"/> NEW PROPOSED LICENSE CAPACITY _____  <input type="checkbox"/> EXPANSION PROPOSED LICENSE CAPACITY _____ CURRENT LICENSE CAPACITY _____ CURRENT ENROLLMENT _____	

**SECTION II – STATEMENT OF ASSURANCES**

The Bid hereby assures the Department of Elementary and Secondary Education that:

- The lead agency will maintain such records and provide such information as may be necessary for fiscal and program auditing and will provide the Department any information it may need to carry out its responsibilities under the Bid. If applicable, partner agencies or contractual service providers will provide this information to the lead agency.
- The lead agency will comply with state guidelines for this Bid.
- The lead agency will use funds received under this Bid only to supplement the level of funds that in absence of this Bid would have been available from other sources and not to supplant such funds.
- The lead agency shall offer preschool services for no less than three (3) years from the date of contract award.
- Failure to meet the requirements set forth by this IFB will forfeit eligibility to receive the funds.

The lead agency, through its authorized representative, fully understands the Assurances and the responsibility for compliance placed upon the organization by the Assurances. The organization will refund directly to the Department any unused or misused funds. Any significant revision of the approved Bid will be requested in writing by the contractor prior to the enactment of the change.

SIGNATURE (AUTHORIZED REPRESENTATIVE)	PRINT NAME	TITLE	DATE
SIGNATURE (CONTACT PERSON)	PRINT NAME	TITLE	DATE
SIGNATURE (PARTNER SERVICE PROVIDER) – SITE 1	PRINT NAME	TITLE	DATE
SIGNATURE (PARTNER SERVICE PROVIDER) – SITE 2	PRINT NAME	TITLE	DATE

If applicable, attach a copy of the Letter of Agreement or contract between the lead agency and partner service provider (Head Start, YMCA, etc.) or contractual service provider.

**INSERT LETTER OF AGREEMENT HERE**

**SECTION III – BUDGET INFORMATION**

LEAD AGENCY \_\_\_\_\_

COUNTY/DISTRICT CODE OR EIN \_\_\_\_\_

Instructions: All figures must be rounded to the nearest dollar. Make certain all figures and calculations are correct. Include only costs related to the amount requested. List budget amounts for each site, as well as the Total Budget requested for this project. **Non-Allowable budget items will reduce the amount of funds awarded.**

	SITE 1		SITE 2			TOTAL BUDGET	
	A	B	C	D	E		
	START-UP	OPERATIONAL	START-UP	OPERATIONAL	10 % COMMUNITY SET ASIDE	START-UP TOTAL OF COLUMNS A & C	OPERATIONAL TOTAL OF COLUMNS B, D, & E
A. SALARIES							
B. EMPLOYEE BENEFITS							
C. PURCHASED SERVICES							
D. MATERIALS AND SUPPLIES							
E. CAPITAL OUTLAY							
F. ADMINISTRATIVE COSTS (NOT TO EXCEED 5%)							
<b>TOTAL REQUESTED</b>							

**\*DESE reserves the right to reduce the budget based on program plan and/or funds available.**

**YOU MUST ATTACH AN ITEMIZED LISTING/DESCRIPTION FOR EACH BUDGET CATEGORY AS LISTED IN THE TABLE ABOVE.**

**FOR DESE USE ONLY****START UP FUNDS**

Funds Requested \_\_\_\_\_

Funds Approved \_\_\_\_\_

Date Approved \_\_\_\_/\_\_\_\_/\_\_\_\_

DESE Staff Initials \_\_\_\_\_

**OPERATIONAL FUNDS**

Funds Requested \_\_\_\_\_

Funds Approved \_\_\_\_\_

Date Approved \_\_\_\_/\_\_\_\_/\_\_\_\_

DESE Staff Initials \_\_\_\_\_

**10% FUNDS**

Date Approved \_\_\_\_/\_\_\_\_/\_\_\_\_

DESE Staff Initials \_\_\_\_\_

**INSERT ITEMIZED BUDGET HERE**

## SECTION IV – COMMUNITY INVOLVEMENT

### Community Advisory Committee

Designate the number of members from each category. If an organization is not represented in the community, write NA. If representation from a category **is** present in the community but not included on the Advisory Committee, indicate with a zero. If a zero is indicated, please **attach** an explanation on why that organization is not a member of the Advisory Committee.

<input type="checkbox"/> Preschool Parent	<input type="checkbox"/> Division of Family Services	<input type="checkbox"/> Church/Ministerial Alliance
<input type="checkbox"/> Civic Service Group	<input type="checkbox"/> County Extension	<input type="checkbox"/> Child Care Licensing Representative
<input type="checkbox"/> Caring Communities/Community Partnership	<input type="checkbox"/> Child Care Providers	<input type="checkbox"/> Community Preschools
<input type="checkbox"/> College/University Personnel	<input type="checkbox"/> Public School Personnel	<input type="checkbox"/> PTA/PTO
<input type="checkbox"/> Local Board of Education	<input type="checkbox"/> Head Start	<input type="checkbox"/> Senior Citizens
<input type="checkbox"/> Parents as Teachers	<input type="checkbox"/> Other	<input type="checkbox"/> Health/Mental Health

Signatures of community members involved in the program development. (Make additional copies as needed.)

SIGNATURE	TITLE	ORGANIZATION	Attended Planning Meeting	
			Yes	No
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				

DATE(S) OF THE COMMITTEE MEETING(S):

**INSERT EXPLANATION OF WHY  
NOT ALL ORGANIZATIONS WERE  
MEMBERS OF THE ADVISORY  
COMMITTEE HERE**

***Insert a copy of the  
minutes from the community  
involvement meeting.***

**SECTION V – COMMUNITY PRESCHOOL NEEDS ASSESSMENT SERVING 3- AND 4- YEAR OLD CHILDREN**

A. TARGET AREA

B. ESTIMATED POPULATION OF 3- AND 4- YEAR OLD CHILDREN

**Use the Community Preschool Needs Assessment Work Copy (page 25 & 26) to complete Part C and Part D.****C. PRESCHOOL/CHILD CARE PROGRAM INFORMATION (INCLUDES HOME CARE PROVIDERS)**

1. Total Number of Preschool/Child Care Programs in the Target Area \_\_\_\_\_
2. Total Number of Licensed Preschool/Child Care Programs in the Target Area \_\_\_\_\_
3. Total Number of Accredited Preschool/Child Care Programs in the Target Area \_\_\_\_\_
4. Total Number of Preschool/Child Care Teachers with less than a CDA Credential \_\_\_\_\_

**D. CHILDREN SERVED/NOT SERVED – 3- AND 4- YEAR OLD CHILDREN ONLY**

1. Total Number of Children Served in Preschool/Child Care Programs in the Target Area \_\_\_\_\_
2. Total Number of Children Not Served in Preschool/Child Care Programs in the Target Area \_\_\_\_\_
3. Total Number of Openings Available in Existing Programs in the Target Area \_\_\_\_\_

**E. AS A RESULT OF THE NEEDS ASSESSMENT, THE FOLLOWING ITEMS ARE SEEN AS PRIORITIES FOR THIS BID:**

Check all that apply

- |   |  |
|---|--|
| 1. Implement a <u>new</u> preschool program(s) to increase the number of slots for children ages 3 and 4. |  |
| 2. Expand existing preschool(s) to <u>increase the number of slots</u> for children ages 3 and 4.         |  |
| 3. Expand existing preschool program(s) by <u>extending the length of the program</u> .                   |  |
| 4. Improve teacher qualifications with <u>professional development</u> .                                  |  |
| 5. Assist with <u>Accreditation</u> .   |  |

**F. TITLE I – FOR SCHOOL DISTRICTS ONLY**

1. Does the school district have a Title I preschool program? \_\_\_\_ yes \_\_\_\_ no

If yes, please complete the following: \_\_\_\_ half day \_\_\_\_ number of 3 year olds served \_\_\_\_ number of 4 year olds served  
\_\_\_\_ full day \_\_\_\_ number of 3 year olds served \_\_\_\_ number of 4 year olds served

**SECTION VI – PROGRAM DESCRIPTION**

PROVIDE A SUMMARY OF THE PROJECT BID. INCLUDE HOW THIS BID DIRECTLY ADDRESSES THE EDUCATIONAL NEEDS AS EVIDENT BY THE COMMUNITY NEEDS ASSESSMENT.

IF THE PUBLIC SCHOOL DISTRICT/COMMUNITY HAS RECEIVED A MISSOURI PRESCHOOL PROJECT (MPP) AWARD, JUSTIFY THE NEED FOR A SECOND MPP. DESCRIBE HOW YOU HAVE WORKED WITH THE EXISTING MPP.

**SECTION VII - PROGRAM INFORMATION**

SITE NAME  	SITE (PLEASE CIRCLE ONE) <div style="display: flex; justify-content: space-around;"> <span>1</span> <span>2</span> </div>	COUNTY/DISTRICT CODE OR EIN  
<b>A. ADDRESS OF ACTUAL LOCATION OF THE PROGRAM</b>     	<b>B. NAME OF CONTACT PERSON ON SITE</b> _____ <b>TITLE</b> _____ (_____) _____ <b>PHONE NUMBER</b>  (_____) _____ <b>FAX NUMBER</b>  _____ <b>EMAIL ADDRESS</b>	
<b>C. SERVICE PROVIDER (CHECK ONE)</b> <input type="checkbox"/> Public School District <input type="checkbox"/> Other Than Public School	<b>D. PROJECTED START DATE</b>  ____/____/____	<b>E. NUMBER OF MONTHS PER PROGRAM YEAR:</b> <input type="checkbox"/> School year (9 months) <input type="checkbox"/> Program year (12 months)
<b>F. HOURS OF OPERATION</b> <input type="checkbox"/> Children will attend a half-day a.m. session _____ to _____ <input type="checkbox"/> Children will attend a half-day p.m. session _____ to _____ <input type="checkbox"/> Children will attend a full-day session _____ to _____		<b>G. TIME</b>   
<b>H. WILL BEFORE AND AFTER CARE BE PROVIDED TO MPP CHILDREN USING OTHER FUNDS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>I. IF TUITION IS CHARGED, A SLIDING PARENTAL FEE SCHEDULE IS USED.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>J. NEW PROGRAMS:</b>  An <i>Application for License to Operate a Group Child Care Home or Child Care Center</i> is on file with the Bureau of Child Care, Department of Health and Senior Services? <input type="checkbox"/> YES (If yes, please attach a copy) <input type="checkbox"/> NO (If no, your Bid will not be considered)  <b>EXPANDING PROGRAMS:</b>  An <i>Application for License Revision</i> is on file with the Bureau of Child Care, Department of Health and Senior Services? <input type="checkbox"/> YES (If yes, please attach a copy) <input type="checkbox"/> NO (If no, your Bid will not be considered)  <b>EXPANDING PROGRAMS MUST ATTACH A COPY OF THE CURRENT CHILD CARE LICENSE</b>		
<b>K. THE PROGRAM CURRENTLY HAS MISSOURI ACCREDITATION OR NAEYC ACCREDITATION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    (If yes, attach a copy of your Accreditation Certification)  IF NOT ACCREDITED, THE PROGRAM WILL WORK TOWARD ACCREDITATION THROUGH <input type="checkbox"/> MoA    OR <input type="checkbox"/> NAEYC		
<b>L. RESEARCHED BASED CURRICULUM MODEL ADOPTED BY THE PRESCHOOL PROGRAM (CHECK ONE)</b>  <input type="checkbox"/> Project Construct <input type="checkbox"/> High/Scope <input type="checkbox"/> Creative Curriculum		

**INSERT COPY OF THE APPLICATION  
FOR LICENSE TO OPERATE A  
GROUP CHILD CARE HOME OR  
CHILD CARE CENTER OR  
APPLICATION FOR LICENSE  
REVISION HERE**

**INSERT A COPY  
OF THE CURRENT  
CHILD CARE  
LICENSE HERE**

**INSERT  
ACCREDITATION  
CERTIFICATE  
HERE**

**M. EDUCATION AND EXPERIENCE OF PRESCHOOL STAFF PROVIDING THE MPP PROGRAM (ATTACH JOB DESCRIPTIONS - Required)**  
Please check the appropriate box for each teacher. (Refer to section 2.2.6 of Program Guidelines)

TEACHER NAME (S)				
SITE 1	Public Schools	<input type="checkbox"/> EC	<input type="checkbox"/> ECSE	<input type="checkbox"/> 4CD
	Other than Public Schools may have above or	<input type="checkbox"/> CDA	<input type="checkbox"/> PCD	<input type="checkbox"/> ACC
SITE 1	Public Schools	<input type="checkbox"/> EC	<input type="checkbox"/> ECSE	<input type="checkbox"/> 4CD
	Other than Public Schools may have above or	<input type="checkbox"/> CDA	<input type="checkbox"/> PCD	<input type="checkbox"/> ACC
SITE 2	Public Schools	<input type="checkbox"/> EC	<input type="checkbox"/> ECSE	<input type="checkbox"/> 4CD
	Other than Public Schools may have above or	<input type="checkbox"/> CDA	<input type="checkbox"/> PCD	<input type="checkbox"/> ACC
SITE 2	Public Schools	<input type="checkbox"/> EC	<input type="checkbox"/> ECSE	<input type="checkbox"/> 4CD
	Other than Public Schools may have above or	<input type="checkbox"/> CDA	<input type="checkbox"/> PCD	<input type="checkbox"/> ACC

TEACHER ASSISTANT NAME (S)						
SITE 1	Public Schools	<input type="checkbox"/> HSV	<input type="checkbox"/> CDA	<input type="checkbox"/> PCD	<input type="checkbox"/> ACC	<input type="checkbox"/> 60 HRS
	Other than Public Schools may have above or					<input type="checkbox"/> 2 YRS
SITE 1	Public Schools	<input type="checkbox"/> HSV	<input type="checkbox"/> CDA	<input type="checkbox"/> PCD	<input type="checkbox"/> ACC	<input type="checkbox"/> 60 HRS
	Other than Public Schools may have above or					<input type="checkbox"/> 2 YRS
SITE 2	Public Schools	<input type="checkbox"/> HSV	<input type="checkbox"/> CDA	<input type="checkbox"/> PCD	<input type="checkbox"/> ACC	<input type="checkbox"/> 60 HRS
	Other than Public Schools may have above or					<input type="checkbox"/> 2 YRS
SITE 2	Public Schools	<input type="checkbox"/> HSV	<input type="checkbox"/> CDA	<input type="checkbox"/> PCD	<input type="checkbox"/> ACC	<input type="checkbox"/> 60 HRS
	Other than Public Schools may have above or					<input type="checkbox"/> 2 YRS

**SECTION VIII – PROGRAM DATA**

A. SCHOOL DISTRICT DATA	
PERCENT OF STUDENTS ON FREE/REDUCED LUNCH (contact local school district for percentage)	NUMBER OF STUDENTS ENROLLED IN EARLY CHILDHOOD SPECIAL EDUCATION (contact local school district for number)

**COMPLETE PART B OR PART C FOR EACH SITE .**

B. <u>NEW</u> PRESCHOOL PROGRAMS	SITE 1		SITE 2	
	3 years old before August 1	4 years old before August 1	3 years old before August 1	4 years old before August 1
1. Estimated number of children to be served at this site.				
2. Estimated number of low-income children you expect to serve at this site.				
3. Estimated number of special-needs children you expect to serve at this site.				
	OR		OR	
C. <u>EXPANSION</u> PROGRAMS	SITE 1		SITE 2	
	3 years old before August 1	4 years old before August 1	3 years old before August 1	4 years old before August 1
1. Total number of children currently being served at this site.				
2. Estimated number of <b>additional children</b> to be served at this site.				
<b>TOTAL OF LINE 1 + LINE 2</b>				
3. Number of low-income children currently in preschool at this site.				
4. Estimated number of <b>additional low-income</b> children to be served at this site.				
<b>TOTAL OF LINE 3 + LINE 4</b>				
5. Number of special-needs children currently in preschool at this site.				
6. Estimated number of <b>additional special-needs</b> children to be served at this site.				
<b>TOTAL OF LINE 5 + LINE 6</b>				

**INSERT JOB  
DESCRIPTIONS  
HERE**

**SECTION IX – PROJECT GOALS AND EVALUATION**

Present a concise statement describing the intended goals and evaluation of the program. They must directly address the needs as identified in the Community Needs Assessment for eligible children.

**PROJECT GOALS** (2-4 goals)**PROJECT EVALUATION of GOALS**

(Briefly describe how you will evaluate the above project goals. What data will you collect? How will you know if your preschool project was successful?)

**SECTION X – THREE-YEAR PLANS**

Complete each plan for three years.

**1. PARENT ADVISORY COMMITTEE PLAN**

Must include: Role of Members, Selection Process, Replacement Procedure, Number of Members, and Frequency of Meetings.

**2. FUNDING PLAN**

Must include: Other Sources of Funding, Parental Fees, and Sliding Fee Scale.

**SECTION X – THREE-YEAR PLANS (continued)****3. CHILD DEVELOPMENT, EDUCATION, AND CARE PLAN**

Must include: Researched Based Curriculum, Developmentally Appropriate Environment, Daily Schedule, Actual Proposed Floor Plan, Program Growth, Transition from Preschool to Kindergarten (ex: Orientation Activities, Home Visits, etc.), Community Linkages and Resources (ex. Public Library, Police Department, etc.). **Required attachments include: daily schedule and actual proposed floor plan.**

**INSERT DAILY  
SCHEDULE  
HERE**

**INSERT PROPOSED  
FLOOR PLAN HERE**

**SECTION X – THREE-YEAR PLANS (continued)****4. PROFESSIONAL DEVELOPMENT PLAN**

Must show evidence of continuous professional development associated with the selected curriculum model. Include: Activities that will support the curriculum such as educational courses, training, workshops, conferences, consultants, and explain how professional development is ongoing.

**5. PARENT EDUCATION, INVOLVEMENT, AND COMMUNICATION PLAN**

Must include: Parent education such as collaboration with PAT; Involvement such as classroom volunteers, advisory committee, etc.; Communication such as newsletters, parent meetings, parent-teacher conferences, etc.

**SECTION X – THREE-YEAR PLANS (continued)****10% COMMUNITY SET ASIDE**

- ☐ Request a waiver. Only communities that have **NO** licensed child care programs according to the Department of Health may request a waiver. If requesting a waiver, it is not necessary to complete this section.

Communities with one or more licensed programs must implement at least one of the following: 1. Assist centers in achieving Accreditation by paying fees, 2. Provide ongoing professional development, 3. Registration to attend one of the three research based curriculums, 4. Provide a professional resource library.

**Explain how the program will contact the licensed programs in the community and describe the process for communicating with providers. Include information about how decisions will be made and who will be involved.**

**INSERT THE  
COMMUNITY PRESCHOOL  
NEEDS ASSESSMENT  
HERE**

# ATTACHMENT K

## COMMUNITY PRESCHOOL NEEDS ASSESSMENT

### SERVING 3-AND 4-YEAR OLD CHILDREN

TARGET AREA
ESTIMATED POPULATION OF 3- AND 4-YEAR OLD CHILDREN

THIS FORM IS TO BE USED TO ASSIST IN COMPLETING SECTION V OF THE IFB. MAKE ADDITIONAL COPIES IF NEEDED

SERVICES	WHAT IS AVAILABLE? (Site Name)	LICENSED BY DOHSS (Yes or No)	MoA OR NAEYC ACCREDITED (Yes or No)	TEACHER QUALIFICATIONS (CDA, AA,BS,MA)	CAPACITY	ENROLLMENT	HALF DAY	FULL DAY	VACANCIES
Non-Public School Preschools									
Child Care Centers									
Family Child Care									
Head Start Center based									
Home based									

EXISTING SERVICES	WHAT IS AVAILABLE? (Site Name)	LICENSED BY DOHSS (Yes or No)	MoA OR NAEYC ACCREDITED (Yes or No)	TEACHER QUALIFICATIONS (CDA, AA,BS,MA)	CAPACITY	ENROLLMENT	HALF DAY	FULL DAY	VACANCIES
Public School Preschool     ECSE    Title I    Child Care									

## **SECTION XI – REQUIRED ATTACHMENTS**

Include the following pieces of **required documentation** to complete the Missouri Preschool Project IFB.

**Attachment A – Only programs who have entered into a contract between the lead agency and partner service provider or contractual service provider must submit Attachment A (pg. 3)**

**Attachment B - All programs must submit Attachment B. (pg. 5)**

An itemized listing/description for each budget category.

**Attachment C– Only programs who have indicated a zero in a community category in Section IV must submit Attachment C. (pg.7)**

An explanation on why that organization is not a member of the Advisory Committee.

**Attachment D – All programs must submit Attachment D. (pg. 8)**

**Attachment E – All programs must submit Attachment E. (pg. 12)**

A copy of the Application for License (New Programs)

or

A copy of the Application for Revision (Existing program that is Expanding)

**Attachment F – Only Existing Programs that are Expanding must submit Attachment F. (pg. 13)**

A copy of the Current Group Home/Child Care Center License from Department of Health and Senior Services.

**Attachment G – Only programs that are already accredited by either NAEYC or Mo. Accreditation must submit Attachment G. (pg. 14)**

**Attachment H – All programs must submit Attachment H. (pg. 16)**

A copy of a Job Description for the lead teacher position and the teacher assistant position.

**Attachment I – All programs must submit Attachment I. (pg. 20)**

A copy of the daily schedule.

**Attachment J – All programs must submit Attachment J. (pg. 21)**

A copy of a Floor Plan that indicates the dimensions as well as the number of children in each classroom. MPP funds require a classroom to have no more that 20 children. Each classroom must have a lead teacher.

**Attachment K – All programs must submit Attachment K. (pg. 25 and 26)**

A copy of the Community Preschool Needs Assessment Serving 3- and 4- year old children.

**Attachment L – All programs other than public schools must submit Attachment L. (pg. 29)**

A copy of the Vendor Input Form.

**PROGRAMS OTHER THAN  
PUBLIC SCHOOLS ARE  
REQUIRED TO COMPLETE  
AND SUBMIT THE  
FOLLOWING VENDOR INPUT  
FORM**

**Missouri Preschool Project  
Invitation for Bid (IFB)**

**For New and Expanding Programs  
ONLY**